

MARYLAND DEPARTMENT OF JUVENILE JUSTICE



SECRETARY'S DIRECTIVE

OPI: Office of Restorative Justice Operation - Intake and Placement
NUMBER: SD E2220-02-03
EFFECTIVE DATE: 8/20/02
SUBJECT: Out-of-State Placement of DJJ Youth Policy

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1. **PURPOSE AND SCOPE.** The Department of Juvenile Justice (DJJ) Secretary establishes this Out-of-State Placement of DJJ Youth Policy Directive and standard procedures for staff under the authority of the Secretary to follow when making out-of-state placement recommendations and decisions for youth adjudicated delinquent and committed to DJJ by the court.
2. **POLICY.** It is the Department of Juvenile Justice policy that staff may not place a youth in an out-of-state placement unless a youth has been court committed to DJJ for residential placement and the Secretary/Designee has granted staff approval to place a youth out-of-state in accordance with this directive.
3. **PROGRAM OBJECTIVES.** The expected results of this policy are that DJJ:
 - a. Establish a standardized protocol to provide DJJ employees with direction in the placement of youth committed to the Department with a need for out-of-state placement; and
 - b. Establish the required approval process of the Secretary/Designee for placing DJJ youth w/ special needs in out-of-state placements.
4. **AUTHORITY.**
 - a. Annotated Code of Maryland, Article 83C, §§ 2-102; 2-104.
 - b. Annotated Code of Maryland, Article 49D, §§ 16; 20-20.1.
 - c. COMAR 01.04.01.06.
5. **DEFINITIONS.**
 - a. *Area Director* – A staff person DJJ designates and assigns to manage a large geographic area of the Restorative Justice Operations.
 - b. *Case Manager* – A DJJ staff person designated as such and assigned to provide case management services to youth under informal supervision, probation supervision, in residential programs and/or on after care supervision. An Area Director and the Assistant Secretary of Residential Services has authority, in their respective areas of responsibility, to assign a staff as Case Manager.

- c. *Case Manager Supervisor* - A DJJ supervisory staff person assigned by an Area Director and/or Assistant Secretary of Residential Services to supervise Case Managers and oversee case management functions established by the Department.
- d. *Certification of Need (CON)* – The Maryland Health Partners’ review and decision process of medical necessity that includes a Case Manager’s submission of current (within thirty-days) psycho-social, psychiatric evaluation and physical exam documentation.
- e. *Criteria for Out-of-State Placement* – Information used to assist the Placement Review Committee in deciding if a youth’s case meets the out-of-state placement criteria established by COMAR 01.04.01 and the Annotated Code of Maryland, Article 49D (Section 6.d.(2)(v) of this directive).
- f. *Interstate Compact* – A multi-state agreement concerning the supervision of juveniles as provided for in Article 83C, Title 3, of the Annotated Code of Maryland.
- g. *Local Coordinating Council (LCC)* – An interagency body established by each local jurisdiction in accordance with Article 49D, Section 16, Annotated Code of Maryland, for the purpose of developing and implementing plans of care for the residential placement or alternatives to residential placement of a child with special needs.
- h. *Local Education Agency (LEA)* – A local school system.
- i. *Local Management Board (LMB)* - The interagency body established by each local jurisdiction in the State for the purpose of overseeing and ensuring the implementation of a local interagency delivery system for children, youth, and families in a local jurisdiction.
- j. *MD Health Partners (MHP)* – An Administrative Service Organization that performs the utilization review process for the Department of Health and Mental Hygiene. Approval for the medical necessity of placing a child in a residential treatment center must be obtained from MHP.
- k. *Medical Assistance* – A youth’s receipt of medical or other funding approval by the Department of Human Resources, Local Department of Social Services Agency.
- l. *Out-of-State Placement* – A State authorized residential placement for youth that is located outside of the State of Maryland jurisdiction, licensed and designed to provide proper care, supervision and treatment services for youth with documented special needs. These placement types include, but are not limited to: Hospitals, Residential Treatment Centers, Group Homes, Alternative Living Units, and Wilderness Programs.
- m. *Placement Review Liaison* – A DJJ headquarters staff, as assigned by the Assistant Secretary of Admissions/Placement, with responsibility for managing the work efforts relative to DJJ participation on the Placement Review Committee of the State Coordinating Council.
- n. *Placement Review Specialist* – A DJJ resource staff assigned by an Area Director with responsibility for resource consultation and utilization activity.
- o. *Program* - A residential or nonresidential facility or activity operated by DJJ or a private or public vendor that is directly involved with the care and treatment of youth under DJJ jurisdiction, or a facility or activity licensed and/or certified by DJJ.
- p. *Program Review Committee (PRC)* - An interagency committee empowered by the State Coordinating Council (SCC) to approve requests from a LCC regarding the residential placement of children with special needs in out-of-state placements. The

PRC is also responsible for annual approval of renewed funding for out-of-state placements for children with special needs

- q. *Secretary* - The Secretary of the Department of Juvenile Justice.
- r. *Staffing* - A presentation of a youth's individualized risk and needs assessments, current treatment/service plans, and progress or lack thereof for the purpose of identifying appropriate resources to meet a youth's needs, reduce the risk to public safety, and develop the character and competency traits needed to become a productive, self-sufficient citizen. Participants include, but are not limited to, a DJJ Case Manager, a DJJ Case Manager Supervisor and a DJJ Placement Review Specialist.
- s. *State Coordinating Council (SCC)* - A State interagency body established under Article 49D, Annotated Code of Maryland, for the purpose of overseeing the operation of each LCC and monitoring the provision of residential placement services to children with special needs.
- t. *System Reform Initiative (SRI) Return/Diversion* - Initiatives provided through the LMBs that are designed to serve children at risk of being placed outside their homes and children to be returned or diverted from out-of-state placements.
- u. *Youth* - An individual under the care and custody or supervision of the Department of Juvenile Justice.
- v. *Youth In Need of Out-of-State Placement* - An individual under the care and custody or supervision of the Department of Juvenile Justice who upon staffing requires a referral to the LCC and/or SCC for placement considerations out-of-home and State.

6. **ACTION REQUIRED.** Article 49D establishes the Office of Children, Youth and Families (OCYF). It also establishes the functions of the Local Coordinating Councils, the Program Review Committee and the State Coordinating Council which includes guiding principles, review, approval and monitoring of out-of-state placements for youth with special needs. COMAR 01.04.01 provides further detail of the rules and regulations applicable to the Local and State Coordinating Council.

a. Staffing and Referral Process for Out-of-State Residential Placement.

- (1) A Placement Review Specialist, shall convene a staffing within five (5) business days of a request to discuss and plan for a youth who is considered at risk of commitment to DJJ for out of home placement:
 - (i) Maintain documentation of the staffing results;
 - (ii) Identify appropriate in-State and out-of-State programs designed to meet a youth's documented needs;
 - (iii) Authorize a Case Manager to take a case to the Local Coordinating Council when a staffing recommendation suggests the need for an out-of-state program.
- (2) Each Placement Review Specialist shall:
 - (i) Send a referral packet to each program identified via a staffing and

request that a program provide a response on each referral within ten (10) business days;

- (ii) Ensure that a case meets the out-of-state criteria established by Article 49D and COMAR 01.04.01;
- (iii) Verify that the Department has a valid contract with each referral source and that a proposed placement will not create an obligation in excess of the not to exceed level of the contract for a given fiscal year;
- (iv) Issue a ***Certificate of Placement (Appendix 1)*** when each requirement of this directive has been met.

(3) Each assigned Case Manager shall:

- (i) Contact each program within fifteen (15) days of when a Placement Review Specialist sends a referral packet to provide additional information as needed and to verify a youth's acceptability to a program;
- (ii) Submit a medical assistance application for each youth, pending placement, to receive insurance coverage in accordance with the time frames for placement and the requirements of the local agency responsible to receive an application;
- (iii) Submit a youth's referral packet to the DJJ LCC representative and the appropriate Area Director within forty-eight (48) hours of referring a youth to the LCC;
- (iv) Arrange through the DJJ LCC representative, for a youth's case to be discussed as a part of the regular meeting agenda of the LCC or presentation for an emergency decision.

(4) Each Area Director shall:

- (i) Require staff to comply with the staffing and referral process outlined in section 6.a. of this directive;
- (ii) Designate an individual to perform the duties outlined in Section 6.b. of this directive;
- (iii) Review each DJJ case being referred to the LCC and decide which ones require a Case Manager to file a request for out-of-State approval from the Office of the Secretary/Designee;
- (iv) Conduct quarterly reviews of the process to ensure that it is being followed in accordance with this directive.

b. Local Coordinating Council – A DJJ LCC Representative shall:

- (1) At a minimum, attend each LCC meeting whenever a youth under DJJ jurisdiction is on the agenda;
- (2) Advocate for DJJ youth to be referred to placement alternatives designed to address a youth's documented needs and level of public safety risk;

- (3) Inform the DJJ Case Manager of each SRI Return/Diversion assessment and recommendation regarding a DJJ youth's placement (community-based option or to support out-of-state placement);
- (4) Participate with the LCC to determine whether a youth should be referred to an out-of-state program.

c. DJJ Internal Approval for Out-of-State Placement.

- (1) A Case Manager shall:
 - (i) Secure the Area Director's approval for an out-of-state request;
 - (ii) Complete a ***Request for Out-of-State Placement of DJJ Youth Form (Appendix 2)*** and submit it to the Administrator for Placements for discussion and decision by the Assistant Secretary for Admissions/Placement.
- (2) The Administrator for Placements shall:
 - (i) Submit each final request for out-of-state placement to the Secretary/Designee for a decision;
 - (ii) Inform the appropriate individuals of each out-of-state decision made by the Secretary/Designee.
- (3) The Secretary/Designee shall have final authority over a decision to place or not to place a DJJ youth in an out-of-state facility.

d. Placement Review Committee (PRC) of the State Coordinating Council.

- (1) A Case Manager shall forward a completed SCC packet to the DJJ Placement Review Liaison, who shall serve as the DJJ PRC representative, for each youth in need of out-of-state placement once they have identified a specific out-of-State placement.
- (2) The Placement Review Liaison shall:
 - (i) Arrange for the case to be presented at the PRC;
 - (ii) Present the necessary cost documentation if costs are to be shared among agencies;
 - (iii) Request that an "Application for Non-Public Tuition Assistance" be submitted by the Local Education Agency (LEA) for DJJ youth with special needs in the event he/she qualifies for funding;
 - (iv) Request that a parental waiver is signed and forwarded to the PRC for each DJJ emergency meeting;
 - (v) Assist the PRC in determining if a youth's case meets the following criteria for out-of-state placement in accordance with COMAR 01.04.01.06 and the Annotated Code of Maryland, Article 49D:
 - (a) The out-of-State placement is closer to the youth's home

- than any alternative in-State placement;
- (b) The plan for the youth's permanent placement includes residence with a caregiver in proximity to the proposed out-of-State placement;
- (c) The individualized needs of the youth cannot be met through available, appropriate in-State resources at a total cost less than or equal to 100% of the average cost per placement for all appropriate out-of-State programs for which application would be made for the youth;
- (d) The youth is currently in detention, shelter care, or committed to the Department of Juvenile Justice pending placement under a court order;
- (e) Compliance with federal Individuals with Disabilities Education Act requires out-of-State placement; or
- (f) The youth is hospitalized in an acute care psychiatric hospital; committed to DJJ; the youth's treatment team has determined that the youth is ready for discharge, or must be discharged to a recommended placement within thirty (30) calendar days; and the only available, appropriate placement is out-of-State ("Lisa L." status).
- (vi) Send the required packet of information to the SCC.

e. Placement of a Youth Approved for Out-of-State Placement. A Case Manager shall:

- (1) Complete and submit the required application for Interstate Compact and submit it to the DJJ Interstate Compact Administrator before placing a youth out-of-state;
- (2) Arrange for a Certificate of Need to be completed for a youth in need of Residential Treatment Center (RTC) level of care;
- (3) Ensure that the Maryland Health Partners has granted approval for a youth scheduled for RTC level of care;
- (4) Secure a *Certificate of Placement (Appendix 1)* from a Placement Review Specialist;
- (5) Arrange for transportation (i.e., travel request through Budget Unit, use of vehicle, additional security, etc.) in accordance with DJJ policy and procedures.
- (6) Secure a copy of the court order that commits a youth to DJJ for placement and ensure that each order includes the appropriate language necessary to complete the out-of-State placement process.

7. **EFFECTIVE DATE.**

This directive is effective on 8/20/02 and shall remain in effect until rescinded by the Secretary.

8. **DIRECTIVES/POLICIES AFFECTED.**

a. Directives/Policies Rescinded - (None)

b. Directives/Policies Referenced - (None)

9. **FAILURE TO COMPLY.**

Failure to obey a Secretary's Directive and/or policy issued with this document shall be grounds for disciplinary action up to and including termination of employment.



Bishop L. Robinson
Secretary

Appendixes- 2

1. Certificate of Placement.
2. Request for Out-of-State Placement of DJJ Youth, Blank Form and Instructions.

REQUEST FOR OUT-OF-STATE PLACEMENT OF DJJ YOUTH

| | | |
|-------------------------|-----------------------------|---------------------------|
| YOUTH'S NAME: | REQUESTED PLACEMENT: | CURRENT PLACEMENT: |
| ASSIST/ISYS #: | | CASE MANAGER: |
| D.O.B: | | AREA: |
| COMMITMENT DATE: | DAYS WAITING: | COUNTY: |

1. **IMMEDIATE PROBLEM / REASON FOR REFERRAL:**
2. **PRIOR PLACEMENTS / SERVICES:**
3. **OFFENSES:**
4. **INDIVIDUAL:**
5. **FAMILY:**
6. **EDUCATION:**
7. **MENTAL HEALTH / EVALUATIONS / DIAGNOSIS:**
AXIS I:

FULL IQ:
VERBAL:
PERFORMANCE:
8. **SUBSTANCE ABUSE:**
9. **HEALTH:**
10. **TREATMENT PLAN:** **RISK SCORE:** **NEEDS SCORE:**
11. **SERVICES & OBJECTIVES:**
12. **REFERRALS:**
13. **ANTICIPATED LENGTH OF STAY:**
14. **PERMANENCY PLAN:**
15. **AFTERCARE PLAN:**
16. **RECOMMENDED FACILITY:**
17. **VISITATION TO PROGRAM BY DJJ:**
18. **CONTRACT:**
19. **COSTS TO DJJ:** **COST TO OTHER AGENCY:**

INSTRUCTIONS

REQUEST FOR OUT-OF-STATE PLACEMENT OF DJJ YOUTH

Complete the Request for Out-Of-State Placement Form as soon as the youth has been accepted by an out-of-state program or it appears very likely that an out-of-state placement will be necessary. E-mail the completed form to Mary Louise Orth, Administrator for Placements, and Walter G.R. Wirsching, Assistant Secretary for Admissions. *Try to keep the form to 2 pages.*

1. Complete the identifying information at the top of the form.
2. **IMMEDIATE PROBLEM / REASON FOR REFERRAL:** Concisely state the immediate need for placement.
3. **PRIOR PLACEMENTS / SERVICES:** Summarize past efforts to serve, both residential and non-residential.
4. **OFFENSES:** Summarize type and number of charges.
5. **INDIVIDUAL & FAMILY:** Provide brief statements characterizing youth and family.
6. **EDUCATION:** Summarize grade, type of achievement and any special needs.
7. **MENTAL HEALTH / EVALUATIONS / DIAGNOSIS:** State the type of evaluation, name or place of evaluation and date. Indicate completely Axis I diagnosis and relevant Axis II, III and IV. Fill in IQ scores. Make concise note to expound on any mental health issue, if needed to better understand the dynamics of the youth's condition.
8. **SUBSTANCE ABUSE:** Summarize any substance abuse issues or needs.
9. **HEALTH:** Indicate if youth has health issues.
10. **TREATMENT PLAN:** Consists of several parts. Start with risk and needs scores.
11. **SERVICES & OBJECTIVES:** Indicate treatment/service goals and plan to meet those goals from youth's service plan. This is also a section from the SCC packet for O-O-S request.
12. **REFERRALS:** List names of programs to which referrals were made. Indicate the acceptance/rejections from each, and why?
13. **ANTICIPATED LENGTH OF STAY:** State how long this placement is expected to be.
14. **PERMANENCY PLAN:** State where the youth will ultimately go, i.e., home, relatives or long term foster care.
15. **AFTERCARE PLAN:** Indicate the plan to transition youth from the program. This is also part of the SCC packet.
16. **RECOMMENDED FACILITY:** Name the program and why this placement is appropriate.
17. **VISITATION TO PROGRAM BY DJJ:** Provide the DJJ staff position or name of the person who will see the youth at the program and the frequency of visits.
18. **CONTRACT:** Indicate whether DJJ has a contract with this program, if this contract is solvent and if this placement will/will not create an over expenditure within a given contract year.
19. **COSTS TO DJJ & COST TO OTHER AGENCY:** Fill in cost to DJJ and other agencies.

STATE OF MARYLAND DEPARTMENT OF JUVENILE JUSTICE
CERTIFICATE OF PLACEMENT

PLACEMENT AUTHORIZATION # _____ **AUTHORIZED BY** _____ **DATE** _____

YOUTH IDENTIFICATION

YOUTH'S LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

DOB _____ ASSIST# _____ Co _____ AREA _____

CURRENT PLACEMENT _____ PROJ. ADMISSION _____ PROJ. DISCHARGE _____

CASE MANAGER _____ RESOURCE COORDINATOR _____

FINANCIAL AGREEMENT

PROGRAM NAME _____ PROGRAM # _____

PROGRAM ADDRESS _____

Costs assumed by the State of Maryland Department of Juvenile Justice (DJJ):

Per rates established within the current contract between this facility and DJJ for the following services:

| | PER DIEM | PER MONTH | COSTS SHARED W/ OTHER AGENCIES | |
|-----------------------------|----------|-----------|--------------------------------|--------------|
| BASIC CARE ONLY | \$ _____ | \$ _____ | \$ _____ PER _____ | AGENCY _____ |
| EDUCATION ONLY | \$ _____ | \$ _____ | \$ _____ PER _____ | AGENCY _____ |
| BOTH BASIC CARE & EDUCATION | \$ _____ | \$ _____ | \$ _____ PER _____ | AGENCY _____ |
| NON-RESIDENTIAL SERVICES | \$ _____ | \$ _____ | \$ _____ PER _____ | AGENCY _____ |
| IF OTHER, _____ | \$ _____ | \$ _____ | \$ _____ PER _____ | AGENCY _____ |
| TOTAL | \$ _____ | \$ _____ | \$ _____ PER _____ | AGENCY _____ |

Agencies:

DSS - DEPT. OF SOCIAL SERVICES
 CORE OR MHA - MENTAL HEALTH
 OTHER _____

LEA OR MSDE - EDUCATION
 MA - MEDICAL ASSISTANCE

DDA - DEVELOPMENTAL DISABILITY ADMINISTRATION
 MCO - MANAGED CARE ORGANIZATION
 OTHER _____

SPECIAL NOTES: _____

CUSTODY

ADMISSION DATE _____ YOUTH RECEIVED BY _____

DISCHARGE DATE _____ YOUTH DISCHARGED BY _____

AGREEMENT

THIS AGREEMENT IS MADE PURSUANT TO THE DEPARTMENT OF JUVENILE JUSTICE STANDARD CONTRACT AND ALL PROVISIONS OF THAT CONTRACT HOLD TRUE.

FOR DEPARTMENT OF JUVENILE JUSTICE

FOR CHILD CARE FACILITY

 (NAME)

 (AUTHORIZED REPRESENTATIVE)

 (DATE)

 (DATE)